



**Chesterfield County, Virginia**  
**Department of Mental Health Support Services**  
6801 Lucy Corr Blvd - P.O. Box 92 - Chesterfield, VA 23832  
Phone: (804) 748-1227 – Fax: (804) 768-9283 – TDD: (804) 768-7200

**DEBBIE BURCHAM**  
Executive Director

June 8, 2017

Dear Parent:

You have expressed interest in our upcoming class entitled: “Active Parenting of Tweens and Teens.” To register, please complete the form below and mail in along with your class payment. Make your check or money order payable to *Treasurer, Chesterfield County*, and mail to: Chesterfield CSB, P. O. Box 92, Chesterfield, VA 23832, attn: Sherry Callear.

This class is filled on a “first come, first serve” basis and frequently fills quickly. If you have any questions or concerns, please call me at 804-717-6404.

The family will gain the most from this class if both parents attend. Grandparents or other extended family who are involved with child care may also want to attend with you.

I look forward to hearing from you.

Sincerely,

Sherry Callear  
Instructor

\*\*\*\*\*REGISTRATION FORM\*\*\*\*\*

\_\_Yes, register me for “Active Parenting of Tweens and Teens.” Enclosed is my \$50 registration fee. (There will be a \$50.00 return check fee in addition to the registration fee payable in cash for any returned check.)

Email address: \_\_\_\_\_

Name(s): \_\_\_\_\_

D.O.B. \_\_\_\_\_ Social Security # \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Major concern/interest for taking this class: \_\_\_\_\_

How did you learn about this program?

☐ School

☐ Friend

☐ Newspaper

☐ Internet

☐ Courts

☐ Social Services

☐ Youth Planning

☐ Other: Explain) \_\_\_\_\_